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Burden of Diabetes in South Dakota

The South Dakota Diabetes Prevention and Control Program (DPCP) has released *The Burden of Diabetes in South Dakota*, quantifying the epidemic of diabetes in South Dakota. The report was developed as part of a statewide initiative to improve the health care of people who are at risk for or who have diabetes. The full report is available on the web at <http://diabetes.sd.gov>. Also available on the website is the *Recommendations for Management of Diabetes in South Dakota* guidelines. The guidelines utilize current research and evidence-based practices and are intended to serve as a guide to providing appropriate care and treatment to people with diabetes and those at risk for the disease. Both the guidelines and *Burden of Diabetes* are consistent with the *South Dakota Diabetes State Plan 2007-2009*, also available at <http://diabetes.sd.gov>.

The South Dakota Diabetes Prevention and Control Program (DPCP) welcomes comments and questions regarding the contents of the publications. Contact Colette Hesla, DPCP Coordinator at (605) 773-7046 or Colette.hesla@state.sd.us with comments. The executive summary from *The Burden of Diabetes* is reprinted below:

Burden of Diabetes in South Dakota – Executive Summary

Diabetes is a serious disease, requiring extensive medical monitoring, lifelong treatment and is a common cause of disability and death in South Dakota. In 2007:

- Approximately 6.7%-39,344 of South Dakota adults have been diagnosed with diabetes. The prevalence of diabetes has more than doubled since 1998.
- Another estimated 13,115 South Dakotans are likely to not know they have diabetes.
- A significant racial disparity exists as the prevalence of diagnosed diabetes in Native Americans was 11.0 % compared to 6.4% in whites.
- There are about 973 South Dakotans under 18 with diabetes. Because type 2 diabetes infrequently develops in those under 18, the vast majority have type 1 diabetes.

- South Dakotans aged 65 years or older were almost twice as likely to have been diagnosed with diabetes as persons aged 45 to 64 years.
- Analysis by the Centers for Disease Prevention and Control shows 25.9% of adults aged 20 years or older had pre-diabetes. Extrapolating this analysis to South Dakota shows about 149,250 adult had pre-diabetes.
- Of South Dakota women who gave birth between August 2006 and January 2007, 1.1% had pre-existing diabetes and 7.1% developed gestational diabetes during the pregnancy.
- Being overweight or obese increases the risk for type 2 diabetes and other chronic diseases. Among South Dakota adults, 38.3% were overweight and an additional 27.2% were obese.
- Quality of life indicators among South Dakotans show people with diabetes were more likely to report poor physical and mental health as well as significant limitations to their usual activities. They also reported rates of disability with equipment needs three times higher than those without diabetes. Dissatisfaction with life was higher for people with diabetes when compared to those without diabetes, 5.7% versus 3.4%.
- 66.4% of people with diabetes had taken a course to learn about diabetes self-care.
- 66.6% of people with diabetes had been told by a health professional that they had high blood pressure.
- 58.6% of people with diabetes had been told they had high cholesterol.
- 14.1% of people with diabetes had heart disease. Adults with diabetes were five times more likely to have suffered a stroke than those without diabetes, 10.3% versus 2.0%.
- While South Dakota adults with diabetes are less likely than those without diabetes to be current smokers, 17.5% versus 20.0% respectively, the incidence is still quite high. The rate of adults with diabetes who use spit tobacco is 2.5%.
- 90.6% of adults with diabetes reported their A1c had been checked one or more times in the previous year.
- 73.4% of adults with diabetes stated a health professional had checked their feet at least once in the previous year.
- 74.4% of adults with diabetes stated they'd had a dilated eye exam in the previous 12 months and 19.4% had been told that diabetes had affected their eyes or they had retinopathy.
- 80.2% of adults aged 65 and older with diabetes reported receiving a flu shot within the previous 12 months and 78.4% reported ever receiving a pneumococcal shot.
- 72.7% of adults aged 18-64 with diabetes reported receiving a flu shot within the previous 12 months and 59.4% reported ever receiving a pneumococcal shot.
- 5.7% of South Dakota adults with diabetes had no health insurance.
- The per capita annual cost of health care for people with diabetes is calculated at \$11,744 a year, of which \$6,649 (57%) is attributed to diabetes.
- Outpatient training to help people self-manage their diabetes prevents hospitalizations. Every \$1 invested in such training can cut health care costs by up to \$8.76.

- Preconception care for women with diabetes leads to healthier mothers and babies. Every \$1 invested in such care can reduce health costs by up to \$5.19 by preventing costly complications.
- There were 246 deaths directly attributed to diabetes in 2007 compared to 201 in 2003. That is a 22.4% increase. There have been a total of 1,174 deaths attributed to diabetes in South Dakota residents from 2003-2007.
- Native Americans were more likely to die from diabetes as the primary cause than whites in 2007 (8.6% versus 3.2%). Also, there was a greater rate of potential life lost before the age of 75 per 100,000 for Native Americans than whites, 1,246 years versus 143 years.
- Native Americans have a lower average age at death than whites, 66 years versus 80 years.

Prostate Cancer in South Dakota, 2005

By the South Dakota Cancer Registry, South Dakota Department of Health

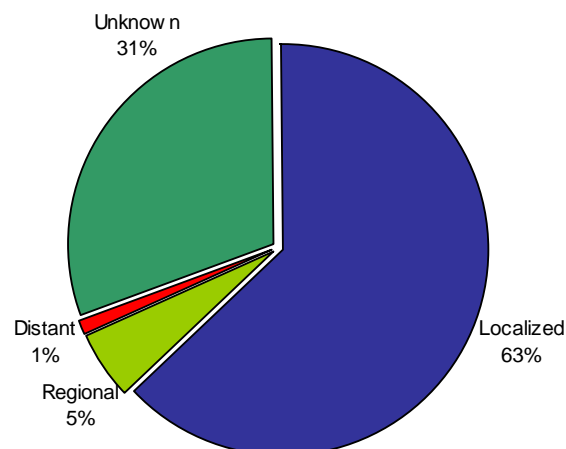
The South Dakota Cancer Registry has released 2005 prostate cancer data. In 2005, there were 599 new cases of prostate cancer diagnosed among South Dakota men. Of those cases, 577 were white and 21 were from the American Indian population. Also during 2005, 94 male residents died from prostate cancer. Among those deaths, 93 were white.

Incidence 2005		Mortality 2005	
Number of cases		Number of deaths	
Total	599	Total	94
White	577	White	93
American Indian	21	American Indian	0
Median age at diagnosis	69 yrs	Median age at death	81 yrs
Mode	76 yrs	Mode	81 yrs
Age range at diagnosis	44-97 yrs	Age range at death	49-100 yrs
SD age-adjusted incidence rate	158.4	SD age-adjusted death rate	19.1
US SEER age-adjusted incidence rate	144.2	US SEER age-adjusted death rate	24.6

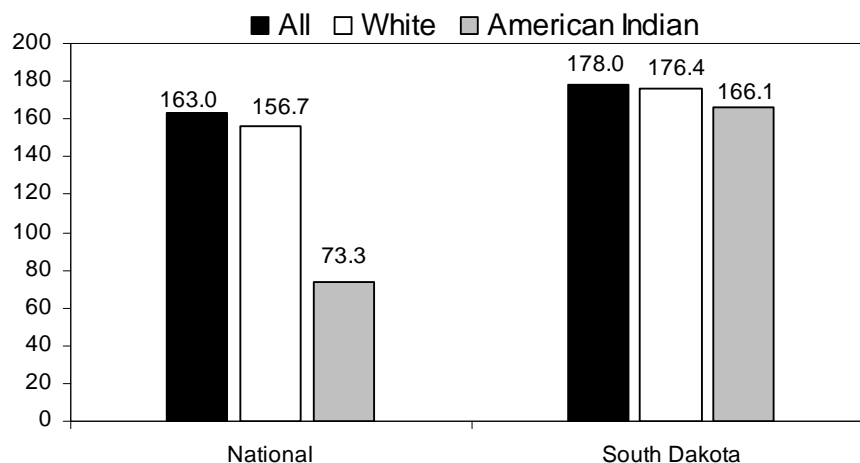
Rates per 100,000 U.S. 2000 standard population
2005 U.S. SEER age-adjusted rate

The 5-year survival rate for prostate cancer diagnosed at an early stage is nearly 100%. The graph at the right displays the SEER summary stage at diagnosis for prostate cancer for South Dakota men in 2005.

See the next page for the age-adjusted national and South Dakota prostate cancer incidence rates for 2005. As shown, the rate for South Dakota American Indian males is significantly higher than the national rate.



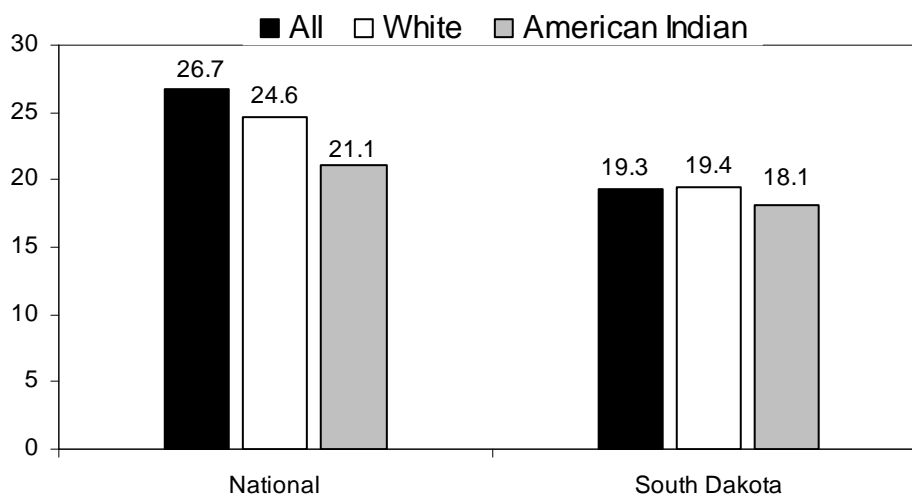
Age-adjusted Prostate Cancer Incidence Rate, National and South Dakota, 2005



Rates per 100,000 U.S. 2000 standard population

In his lifetime, a man has a 1 in 6 chance of being diagnosed with prostate cancer and a 1 in 33 chance of dying from prostate cancer. Nationally, prostate cancer is the second leading cause of cancer death in men. The national and South Dakota age-adjusted death rates for 2005 are shown below.

Age-adjusted Prostate Cancer Mortality Rate, National and South Dakota, 2005



Rates per 100,000 U.S. 2000 standard population

Symptoms

If you have any of these symptoms, see your doctor as soon as possible. The symptoms for prostate cancer may include the following;

- blood in the urine or semen,
- frequent urination, especially at night,
- weak or interrupted urine flow,
- painful urination,
- painful ejaculation, and
- constant pain in the lower back, pelvis, or upper thighs.

Screening Recommendations

To make an informed decision for their prostate health, all men should discuss information about the benefits and limitations of testing with their doctor. The screening recommendations are:

- Age 50 - annual PSA (prostate-specific antigen) and a DRE (digital rectal examination).
- Age 45 - men at high risk, annual PSA and DRE.
- Age 40 – men at an even higher risk, due to first degree relatives affected at an early age, annual PSA and DRE.

View the complete prostate cancer monograph published by the South Dakota Department of Health at <http://doh.sd.gov/SDCR/PDF/Prostate08.pdf>. For additional information, please contact Kay Dosch, Cancer Registry Coordinator, at 605-773-6345 or 800-592-1861.

Source: South Dakota Department of Health

Medicaid Reimbursement for Birth to Three Services

As of October 23, 2008, the South Dakota Department of Education's Birth to Three Connections program requires providers to access Medicaid reimbursement for their services to infants and toddlers who are Medicaid eligible. Medicaid requires primary care physician approval for services before reimbursement is approved.

Birth to Three Connections provides early intervention services for infants and toddlers from birth to age 3. Under the program a child is screened for developmental delays by a Birth to Three Service Coordinator. If the results indicate a delay in one or more areas of cognition, physical, communication, adaptive, or social emotional, the child is referred to the local school district for an evaluation by a team of professionals which may include physical therapists, occupational therapists, audiologists, speech and language pathologists, and nutritionists. The parent is included as an integral part of the team.

The team recommends the appropriate therapy services based on the results of the evaluation at an Individual Family Service Plan (IFSP) meeting. If the parent consents, the services begin in the natural environment such as the home or daycare within 30 days.

For those children who are enrolled in Medicaid, the primary care physician's approval is necessary for Medicaid reimbursement for the provider of a Medicaid eligible service, such as physical therapy or speech and language therapy. To facilitate the approval process, the Birth to Three service coordinator will contact the primary care physician via phone or faxed approval form. The coordinator will provide a copy of the IFSP which outlines the prescribed services with the signature of the parent approving the services and the signature of each professional involved. See next page for a copy of the form.

The Department of Education now requires all eligible Birth to Three service providers to enroll as Medicaid providers. This is an important step in accessing Medicaid dollars for the sustainability of the Birth to Three Connections program.

For more information about Birth to three Connections, contact Susan Sheppick, Director, at 773-4478.

**Request for Primary Care Physician Approval
for the
Birth to Three Connections Individual Family Service Plan**

Child's Name: _____

Date of Birth: _____

Medicaid #: _____

Parent's Name: _____

Parent's Address: _____

Parent's Telephone: _____

☐ I **approve** the services as prescribed in the Individual Family Service Plan (IFSP) for _____, for a period of one year or when the child exits the program, whichever occurs first.

☐ I **do not approve** the services as prescribed in the Individual Family Service Plan (IFSP) for _____, for a period of one year or when the child exits the program, whichever occurs first.

Comments: _____

Primary Care Physician's Signature *NPI#* *Date*

I give permission to my child's Primary Care Physician to contact my child's Birth to Three Service Coordinator. _____

Parent's Signature *Date*

Note to Primary Care Physician: If you have questions or concerns regarding the IFSP, please contact the child's parent, or the Birth to Three Service Coordinator assigned to this child.

Birth to Three Service Coordinator's Name & Telephone Number

Please fax this completed form back to the Service Coordinator at: _____
Service Coordinators fax #

South Dakota Department of Health - Infectious Disease Surveillance Morbidity Report, 1 January – 31 September 2008 (provisional numbers) see http://doh.sd.gov/ID/site.aspx				
	Disease	2008 year- to-date	5-year median	Percent change
Vaccine-Preventable Diseases	Diphtheria	0	0	n/a
	Tetanus	0	0	n/a
	Pertussis	15	19	-21%
	Poliomyelitis	0	0	n/a
	Measles	0	0	n/a
	Mumps	1	0	n/a
	Rubella	0	0	n/a
	<i>Haemophilus influenza</i> type b	0	0	n/a
Sexually Transmitted Infections and Blood-borne Diseases	HIV infection	24	17	+41%
	Hepatitis B, acute	0	0	0%
	Chlamydia	2188	1933	+13%
	Gonorrhea	254	209	+22%
	Syphilis, early	2	1	+100%
Tuberculosis	Tuberculosis	14	10	+40%
Invasive Bacterial Diseases	<i>Neisseria meningitides</i>	2	3	-33%
	Invasive Group A <i>Streptococcus</i>	19	15	+27%
Enteric Diseases	<i>E. coli</i> , Shiga toxin-producing	36	31	+16%
	Campylobacteriosis	212	191	+11%
	Salmonellosis	113	115	-2%
	Shigellosis	76	36	+111%
	Giardiasis	90	75	+20%
	Cryptosporidiosis	64	33	+94%
	Hepatitis A	3	3	0%
Vector-borne Diseases	Animal Rabies	20	56	-64%
	Tularemia	9	5	+80%
	Rocky Mountain Spotted Fever	3	4	-25%
	Malaria (imported)	0	0	0%
	Hantavirus Pulmonary Syndrome	0	0	0%
	Lyme disease	3	1	+200%
	West Nile Virus disease	40	51	-22%
Other Diseases	Legionellosis	2	4	-50%
	<i>Streptococcus pneumoniae</i> , drug-resistant	5	3	+67%
	Additionally, the following were reported: Anaplasmosis (1); Chicken Pox (20); Cyclosporiasis (1); Group B <i>Strep</i> , invasive (14); Hansen's disease (1); Hepatitis B, chronic (21); Hepatitis C, chronic (229); Hepatitis E (1); MRSA, invasive (55); Staph toxic shock (1); Typhus Fever (2); Q-Fever (1)			

Communicable diseases are obligatorily reportable by physicians, hospitals, laboratories, and institutions.

The **Reportable Diseases List** is found at <http://doh.sd.gov/Disease/report.aspx> or upon request.

Diseases are reportable by telephone, mail, fax, website or courier.

Telephones: 24 hour answering device 1-800-592-1804; for a live person at any time call 1-800-592-1861; after hours emergency 605-280-4810. **Fax** 605-773-5509.

Mail in a sealed envelope addressed to the DOH, Office of Disease Prevention, 615 E. 4th Street, Pierre, SD 57501, marked "Confidential Medical Report". **Secure website:** www.state.sd.us/doh/diseasereport.htm.

3,000 copies of this Bulletin were printed by the Department of Health at a cost of \$0.21 per copy.